United Nations E/CN.9/2014/NGO/15

Economic and Social Council

Distr.: General
27 January 2014

Original: English

Commission on Population and Development
Forty-seventh session
7-11 April 2014
Item 4 of the provisional agenda*
General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by International Gay and Lesbian Human Rights Commission, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2014/1.

14-21742 (E) 310114

Please recycle

Statement

For more than two decades, the International Gay and Lesbian Human Rights Commission has focused on ensuring the universal implementation of human rights for everyone regardless of their sexual orientation or gender identity. On the occasion of the forty-seventh session of the Commission on Population and Development, we express our support for General Assembly resolution 65/234, by which the Assembly decided to extend beyond 2014 the Programme of Action of the International Conference for Population and Development and the key actions for its further implementation, and submits the following assessment of the status of implementation. We specifically draw attention to discrimination on the basis of sexual orientation and gender identity in connection with access to education, achievement of gender equality, women's health and HIV prevention.

Recognized as a key factor in sustainable development, as well as a component of well-being and a factor in the development of well-being, education is a critical component of the Programme of Action. Lesbians, bisexual women and transgender people face unique barriers to accessing education. Individuals perceived as transgressing traditional ideas of sexuality and gender norms are often treated by authorities as threatening the social order. As a consequence, gender non-conforming women and transgender people are excluded from formal education or forced to comply with gender norms as a condition for accessing education. Gender non-conforming children or children with diverse sexualities are harassed and discriminated against regularly by peers, as well as by school administration and staff. This discrimination is compounded by the absence of institutional or familial mechanisms of support. School policies reinforce gender norms and further marginalize gender non-conforming students. The net result is that many drop out of school early or are forced out. In her report on discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity (A/HRC/19/41), the United Nations High Commissioner for Human Rights highlighted widespread discrimination in schools, citing a study carried out in the United Kingdom of Great Britain and Northern Ireland that found that almost 65 per cent of lesbian, gay and bisexual youth had been bullied in schools. Another study conducted in the United Kingdom in 2009 found that 75 per cent of transgender students had been bullied. Our own research in Japan, Malaysia, Pakistan, the Philippines and Sri Lanka concludes that, in many countries, a large proportion of gender non-conforming young people had faced bullying, and in some cases expulsion, in schools.

Despite the health-care objective imbedded in the Programme of Action to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people, policies and programmes on reproductive health care regularly exclude or ignore the specific needs of lesbians, bisexual women and transgender people. This results in limited access to health-care services. In his report on actions to strengthen linkages among programmes, initiatives and activities throughout the United Nations system for gender equality, the empowerment of women and girls, protection of all of their human rights and elimination of preventable maternal mortality and morbidity, the Secretary-General explains that the root causes of maternal mortality and morbidity are human rights violations such as discrimination, gender-based violence and inadequate investment in and/or unequal access to education, basic health, nutrition and basic health care

(E/CN.6/2012/9, para. 6). The same report highlights the substantial impact that HIV has on maternal mortality.

All children must have access to evidence-based comprehensive sexuality education and life-skills training as an integral part of their right to health and their right to education geared at preparing them for responsible life in a free society. At the Sixth Asian and Pacific Population Conference of the Economic and Social Commission for Asia and the Pacific, States from that region agreed that such education is essential for adolescents and young people to exercise their right to control all aspects of their sexuality, as well as other rights (E/ESCAP/APPC(6)/3, para. 59). Yet, sex education is often neither comprehensive nor evidence-based, ignoring or even at times condemning the sexual orientation or gender identity of those who do not conform to imposed gender norms. This lack of gender equality leaves those who are excluded or condemned at greater risk of violence and of being overrepresented among the resource poor.

In many countries, transgender individuals are denied access to basic health care, regularly encounter dehumanizing treatment and are compelled to (or forced to) undergo medical procedures they do not need or want. In its report entitled "Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people", the World Health Organization (WHO) acknowledges long-standing evidence that men who have sex with men and transgender people experience significant barriers to quality health care owing to widespread stigma against homosexuality and ignorance about gender variance. Despite this recognition, WHO still recognizes transgender identity as a disorder in its International Classification of Disorders. Partially as a result of this, in many countries access to health-care services needed predominantly or exclusively by transgender individuals require the individual to be diagnosed with a mental disorder such as gender dysphoria or gender identity disorder as a condition for care. This requirement undermines the right to physical, emotional, mental and social well-being in relation to sexuality and contributes to legitimizing discrimination against transgender individuals with regard to housing, education, employment and other economic and social rights. At its fifty-second meeting, the Directing Council of the Pan American Health Organization (PAHO) reaffirmed the barriers to care and recalled the recognition by WHO that discrimination against marginalized groups in society both causes and magnifies poverty and ill-health. Our organization has recently received reports from partners in Chile, Colombia, Guatemala, Guyana, the Philippines, Turkey and Zimbabwe, among other countries, outlining the numerous ways in which the rights of transgender people, as well as the rights of lesbian, gay and bisexual people, are violated.

In short, violence against lesbian, gay, bisexual and transgender people is rife in every region of the world and is hampering progress in the implementation of the goals of the Programme of Action, directly, by contributing to gender inequality and, indirectly, by acting as a barrier to the enjoyment of economic and social rights. This was recognized in 2013 by Governments in Latin America and the Caribbean in the Montevideo Consensus on Population and Development, which states that violence against girls, women and lesbian, gay, bisexual and transgender persons, in particular sexual violence, is a critical indicator of marginalization and inequality and affects their autonomy, self-determination, individual and collective health and the exercise of human rights.

Even so, studies show that lesbians, bisexual women and transgender individuals face a disproportionate amount of violence from both State and non-State actors. A 2007 study conducted by the Colombian non-governmental organization Profamilia and the National University of Colombia found that the most frequent victims of discrimination by police and private security forces are transgender persons.

Additionally, lesbians, bisexual women and transgender people are frequently neglected by institutional mechanisms designed to protect individuals against violence. For example, many States have laws that protect women from domestic or family violence but specifically exclude individuals in same-sex relationships. Still more States have laws that use ambiguous language, allowing justice officials and service providers to exclude individuals in same-sex relationships de facto. The Montevideo Consensus recognizes the ways discrimination on the basis of sexual orientation and gender identity places persons of diverse sexuality in a vulnerable position, preventing their access to equality and to the full exercise of citizenship.

These examples demonstrate the wide range of challenges facing lesbians, bisexual women and transgender people in terms of lack of access to education, lack of gender equality, women's health and HIV prevention. These are challenges that prevent the realization of the goals of the Programme of Action. We call upon States to create policies to modify social and cultural patterns and that will eliminate prejudices based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women. Only when lesbian, gay, bisexual and transgender people enjoy human rights on an equal basis with others can the goals of the Programme of Action be fully realized.